CITY OF JACKSON, MISSISSIPPI

MINORITY/WOMEN BUSINESS ENTERPRISE DISCLOSURE AFFIDAVIT

In order to evaluate the legitimacy of each MBE/FBE applicant, certain relevant information must be provided initially, prior to award, and continually updated throughout contract performance. This information must include statements clearly identifying and explaining the extent of the minority or female ownership and control including, but not limited to, the information items on this form. All information items must be furnished or properly addressed before the business entity can be evaluated.

Address:	
City, State:	ZIP:
Contact Person (Name):	
(Title):	
Phone Number (Including Area Code): ()
Fax Number (Including Area Code): ()
E-mail Address:	
Website Address:	
Type of Ownership (Check One):	
() Sole Proprietorship () Partners	ship () Corporation () Joint Venture
Name, Address and Phone Number of Attorney:	 Name, Address and Phone Number of CPA/Accountant:
	()
()	()
Nature of Business:	6. Years in Business:
	7. % of Minority Ownership:

					-		
		1		1		1	1
	vnership interest in anot						
Name of Owner(s):			re of Other ership Inte			Relationsh Applicant F	ip to Firm:
ist the names of the (Officers, the date each w	vas elected	and the ter	m exnira	ution date	for each	
ist the names of the Cif applicable).	Officers, the date each w		and the ter	m expira	ation date	for each DATE ELECTED:	TERM EXPIRAT DATE:
if applicable).			and the ter	m expira	ation date	DATE	EXPIRAT
if applicable). POSITION:			and the ter	m expira	ation date	DATE	EXPIRAT
POSITION: President			and the ter	m expira	ation date	DATE	EXPIRAT
POSITION: President Vice President			and the ter	m expira	ation date	DATE	EXPIRAT
POSITION: President Vice President Secretary			and the ter	m expira	ation date	DATE	EXPIRAT

Race

10. Identify all owners (individuals or corporations) and their percentage of ownership: (If necessary, list additional names on a separate sheet and attach to this form.)

Owner(s)

Voting

Percentage

(%)

Ownership

Percentage

(%)

Years of

Ownership

Sex

13. Current Board Of Directors:

NAME:	Minority, Female or Neither (Specify):	Date Elected:	Home Address & Phone Number:

14. Prior Board of Directors:

NAME:	Minority, Female or Neither (Specify):	Date Elected:	Home Address & Phone Number:

Name:	Minority, Female or Neither (Specify):	Amount Paid:	Loans or Notes (Specify):	Common or Preferred (Specify):	Total Value:	Date of Ownership
 () No Stock secured through Agreement, Loan or Note 7. If applicant firm is owned in full of shareholders, including the perce and officers. 8. List all sources and amounts of note 	r in part by a co entage of owner	rship interest for	Item 14, list each and the		sheet that co	
SOURCE:				AMOUN	T:	
SOURCE.						
SOURCE.						
OUNCE.						
9. Identify applicant firm's current be If yes, identify sources of letter(s)		y and bank. Do	you have lett	er(s) of credit?	YES	NO
9. Identify applicant firm's current be	of credit.	ny and bank. Do		` '	YES	NO
9. Identify applicant firm's current be If yes, identify sources of letter(s)	of credit.			` '	YES	NO

20.	What is your Bondin	g Limit?							
21.	Who determines wh	at jobs/contrac	ts the co	ompany will unde	rtake?				
	Name:					Title:			
22.	Who will be respons	ible for on-site	supervi	sion?					
	Name:					Title:			
	Name:					Title:			
23.	(a) Who negotiates a	and signs for s	urety bo	onds?					
	Name:					Title:			
	(b) Who signs for ins	surance and pa	ayroll?						
	Name:					Title:			
24.	Are there any limitat				gn checks	s? YES	NO		
	If so, explain. (Exam	nple: multiple s	signature	•					
25.	List prior and curren (If necessary, list ad			eparate sheet and	attach to	this form.)			
25.			s on a se	eparate sheet and	attach to			y, State and	
25.	(If necessary, list ad		s on a se					y, State and Code:	
25.	(If necessary, list ad		s on a se						
25.	(If necessary, list ad		s on a se						
25.	(If necessary, list ad		s on a se						
25.	(If necessary, list ad		s on a se						
	(If necessary, list ad	subcontractor	Contact	ct Name:	Addres	ss:			
26.	Company Name: List current and past	subcontractor	Contact Son a see	ct Name:	Addres	ss:			Past:
26.	Company Name: List current and past (If necessary, list ad	s subcontractor	Contact Son a see	eparate sheet and	Addres	this form.)	Specify MBE or	Code:	
26.	Company Name: List current and past (If necessary, list ad	s subcontractor	Contact Son a see	eparate sheet and	Addres	this form.)	Specify MBE or	Code:	
26.	Company Name: List current and past (If necessary, list ad	s subcontractor	Contact Son a see	eparate sheet and	Addres	this form.)	Specify MBE or	Code:	

27.	Does applicant firm own major equipment? YES NO List the major equipment owned. (Do not list rental or leased equipment.)							
	TYPE OF EQUIPMENT	OWNED:	QUANTITY:					
28.	List <u>all</u> products and/or services applicant firm is ab	ble to provide:						
29.	Has your firm been approved by the Federal Small If yes, supply a copy of the approval letter.	Business Administration 8(a) Pro	ogram? YES NC					
30.	(a) Identify any owner or management official of thi has an ownership interest in or a present business includes shared space, equipment, financing or emowners. (If necessary, list additional names on a second	relationship with this business. Puployees; as well as both firms ha	resent business relationship wing all or some of the same					
	Name:							
	Name:	Name: Title:						
	(b) If there are none, please affirm the following sta	atement by your signature:						
	"I certify that there are no owners or manag of another firm that has an ownership intere which I make this MBE/FBE application."							
	Name:	Title:						
31.	(a) Attach copies of previous certifications or denial	ls of certification as a minority/fer	male business enterprise.					
	() Enclosed () None P	reviously Issued						
	(b) Identify agencies at which certification is currently under consideration:							
	·							
32.	If awarded a project, what percentage of the work w	vould be performed in-house? _	%					
33.	Will another contractor (prime contractor, subcontractor, NO YES (If yes, provide		assistance to applicant firm?					

33.	(continued)				
	TYPE OF ASSISTANCE:			DETAILS:	
	Supervision at Job-Site				
	Bonding and/or Insurance				
	Hiring and/or Firing				
	Purchase of Supplies/Materials				
	Provide Office Space, Telephone				
	Bookkeeping, Payroll, Taxes				
	Withholding on other services				
	Personnel Manpower				
	Payroll and Worker's Compensation				
	OTHER (Specify):				
	OTHER (Specify):				
	(a) Identify any stock options or other ownership between owners and third parties relevant to the				
	(b) If there are none, please affirm the following "I certify that there are no stock options between owners and third parties releva application."	or other ov	wnership op	otions currently outsta	
	Name:		Ti	tle:	
	(a) List those individuals who are responsible for not limited to, those with prime responsibility for operations. (If necessary, list additional names	r financial ar	nd managem	nent decisions and/or su	naking including, but pervision of field
	NAME:	RACE:	SEX:	TITLE:	RESPONSIBILITIES:

	sales, hiring and firing of m	nanagement personnel and purchasing of	
or supplies. (If necessary, list addition	RESPONSIBILITIE	Experience and Qualifications	Number o Years with Firm
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if no prime, directly to the Cit work performed and to permit named firm. Any material misro	y current, complete a the audit and examination will be generated to the comments of the comme	(Name of Applicant Firm) as well o provide through the prime control of accurate information regarding nation of books, records and file grounds for terminating any control of the state laws concerning false stater	actor or, g actual s of the ract that
Print Name:		Title:	·
Corporate Seal (where appropriate):			
Date:			
State Of:	County Of:		
On this da		, 20, before me a	
	ing affidavit, and did stat	$_{_}$ (Name), to me personally known, where that he or she was properly authorized	ed by
execute affidavit and did so as his		(Name of Applicar	nt Firm) to
(Seal)			
Notary Public:			

Commission Expires: _